

Drama for life: Applying theatre for health education

By Helen Lunn



DFL 2012 scholars at the University of Witwatersrand. (Photo courtesy of Drama for Life).

Drama for Life (DFL) is a unique course offered to HIV and AIDS practitioners from all over the world. Five years ago, it became part of the Department of Art at the University of the Witwatersrand in Johannesburg, South Africa. It has elevated the work of communication and education around HIV into a formally-recognised academic discipline. It is not like any other academic course, however, as its key elements of teaching are educational drama and drama therapy and close and constant attention to the role of the individual working in the information and health sphere.

The DFL course is only currently available to post-graduates, but there are plans to initiate short courses and training modules to enable more students and practitioners to benefit from it. Drama for Life grew out of a challenge to its founder Warren Nebe presented by Helmut Mueller-Glodd, former director of the German Agency for International Cooperation (GIZ) in the South African Development Community (SADC) region to stage a play about HIV. Warren was not initially enthusiastic about the effectiveness of communicating the message of HIV based on his experience and knowledge of the many programmes already in place.

He is, however, a man of great sensitivity and

originality and the combination resulted in an initial performance that drew such a positive response that it became an official SADC programme. This was supported by a SADC appraisal mission that investigated the extent to which drama was being used as the primary communication information method across Africa. The report examined the strengths and weaknesses of drama as an effective HIV and AIDS prevention strategy.

The positive response to drama planted the seed of what has become Drama for Life. It is a course which now draws students from all over Africa and has begun to create an African-driven response to the pandemic.

The last time such interactive and culturally-sensitive work was effectively practised in Africa was in the 1970s when the children of the counterculture focused on creating dynamic theatrical and interactive work on environmental and social issues such as the Laedza Batanani movement in Botswana. Key to such approaches was a respect for indigenous cultural values and an absence of judgement, control and superiority.

Since that period the focus on cultural values and diversity has received less attention—an oversight that has limited many education programmes around HIV and AIDS as they have become increasingly one-sided.

The importance of acknowledging different cultural values and perceptions around illness is obvious particularly in a country as ethnically diverse as South Africa and which has the highest number of people living with HIV in the world.

In 2009 an estimated 5.6 million people were living with HIV in the country.²

What makes this figure important in the context of respecting and incorporating cultural values and perceptions is that in South Africa, approximately 80 per cent of the black population consult with traditional healers and use traditional medicines.³ Anyone attempting to communicate a message around health, which ignores traditional medicine, is highly unlikely to connect with people whose ideas about illness and its treatment are centred on a very different model from that of a Western medical mindset.

As important as an understanding of a society's attitudes to illness is the need to understand social rules and unwritten laws. Nebe tells the story of a young girl in KwaZulu, who found her voice at one of their performances. This young girl had been told about HIV and AIDS at school and witnessed her single mother in a relationship with a man who was simultaneously involved with a number of other sexual partners. She wanted to say something to her mother but because of the unwritten rules about what a child can tell a parent in her society, she could not find a way to talk to her mother. When her mother became infected and she finally talked to her about her illness, the mother blamed the daughter for her illness.

The young girl had been carrying the most extraordinary burden of sorrow as a result and it was only through the performance and trust, which the DFL practitioners created, that she found herself able to express her sorrow.

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Her story captures so much of what DFL is about. It teaches students how to create space where people feel safe and supported. Out of the stories they hear, they start to create a rich tapestry of drama, which helps audiences and individuals to understand their world and to find their own way to express whatever they have experienced. Others learn through witnessing the process and come to understand that the changes that HIV and AIDS has brought into their midst affects them all.

The key to the successful training of practitioners who can connect with someone like the young girl in KwaZulu is the self-reflection and growth that they learn through DFL. They have to challenge their own values and inherited cultural concepts. The goal is not to break them down but rather to build up their consciousness and awareness and to help them understand that authentic behaviour and comprehension requires them to open up.

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Some students initially find this challenging and uncomfortable. As many of the students have done HIV and AIDS related work or had their life affected by it, they usually arrive at DFL with a set of preconceptions. Nebe comments that

some students "tend to have become detached and depersonalised, which is often a result of the stigma attached to HIV and AIDS. It is also a product of their education, which is structured around learning by rote and which, in turn, has influenced their own practise. We use drama in education to equalise the teacher-student relationship in the classroom."

Every step of a student's path through DFL is one of negotiation and engagement. Their own responses and behaviour are reflected back on them all the time. It is a way to develop a fully conscious person whose cultural sensitivity and creative energy becomes authentic and truthful. The success of this approach can be measured by the fact that 90 per cent of their graduate students are all involved in some form of HIV and AIDS work across Africa.

The research that students conduct reinforces the core idea of the importance of cultural and spiritual values. A student from Ghana who researched the mythology of the Ga culture found that children were taught to be silent around illness. The mythology and imagery of the society was completely fear-driven and was about avoiding illness by not acknowledging it. If one were to put up a poster such as some HIV campaigns have which read 'Break the Silence' in such a community, it is highly unlikely there would be any takers. The goal of an HIV-free generation can only be achieved when the subtleties and cultural variants of different societies become the base upon which programmes are devised.

Challenging the very medical approach to HIV and seeing it as an agent of change that obliges us all to revisit our fundamental notions about life and death turns it into an issue about culture and life rather than about disease.

Whether through DFL's drama or movement or any expressive form, the ability to find each person's unique soul and story and to let it be heard is about reinforcing the fact that each one of us has a life, dreams and ambitions.

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When we remember we are all human and not simply statistics on an epidemiologist's research paper, then we start to find a way to heal, help and change...the change that can lead to an HIV-free generation ■

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2. Wall Text Confronting HIV/AIDS Adler Museum. Medical School, University of the Witwatersrand, Johannesburg, South Africa.
3. ibid



A drama scene from the DFL Africa research conference held at the University of Pretoria in November 2012. (Photo courtesy of Drama for Life).